



CITY OF ARTESIA
COMMUNITY BENEFITS GRANT PROGRAM
FISCAL YEAR 2018-2019

Organization/Agency Name: _____

Proposed Project or Program: _____

Funding Amount Requested: _____

Community Benefits Grant Program Application Form

Organization's Name: _____

Contact Name: _____

Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Project Title: _____

Total Project Cost: _____

Amount Requested: _____

Please answer the questions below in the space provided or attach additional sheets.

1. Briefly state the mission or purpose of the organization.

2. How will this project or program benefit the City?

3. Briefly describe the project or program and the specific purpose for which you are requesting funds.

4. What exact results do you hope to achieve and how will those results be sustained after the grant period?

5. Describe your organization's capacity to conduct this project or program, and list your recent accomplishments.

6. Attach a detailed budget for your project or program. Include the time frame for your budget and specify how the funds will be used if granted.

7. How do you propose to involve the community in the project or program?

8. How will you evaluate the success of your project or program? And how will you report that success to the City after the project or program is complete?

Within sixty (60) days of completion of the project or program for which funding was granted by the City of Artesia, the organization must provide a written report on the success of the project or program. The report shall also include a budget showing revenues and expenses.

Signature of Officer: _____ Date: _____

Print Name and Title: _____